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OPNAVINST 6120.3
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5 Dec 2001

OPNAV INSTRUCTION 6120.3

From: Chief of Naval Operations
Commandant of the Marine Corps
To: All Ships and Stations

Subj: PREVENTIVE HEALTH ASSESSMENT

Ref:
(a) BUMED ltr 6000 Ser 24/98U24006 of 7 Jul 98 (NOTAL)
(b) BUMEDNOTE 6320 of 15 Feb 01 (NOTAL)
(c) MANMED articles 15-9, 15-11, 15-76, 16-23, 16-28, 22-47, and 22-49 (NOTAL)
(d) US Preventive Services Task Force (USPSTF) Recommendations, Guide to Clinical Preventive Services, 2nd Edition (NOTAL)
(e) BUMEDINST 6320.66C (NOTAL)
(f) OPNAVINST 6110.1F
(g) BUMEDINST 1300.2 (NOTAL)
(h) BUMEDNOTE 6230 of 20 Apr 98 (NOTAL)
(i) BUMEDINST 6230.15 (NOTAL)
(j) BUMEDINST 6224.8 (NOTAL)
(k) SECNAVINST 6230.4
(l) OPNAVINST 5100.23E
(m) OPNAVINST 5100.19D
(n) Medical Surveillance Procedures Manual and Medical Matrix, NEHC-TM-6260.96-1 (NOTAL)
(o) ASD(HA) Policy Memorandum 99-009 of 9 Feb 99 (NOTAL)

1. Purpose. To consolidate medical, occupational health and risk screening services, medical record review, preventive counseling, and risk communication under the umbrella of an annual assessment for all active duty (AD) men and women.

2. Cancellation. NAVMEDCOMINST 6120.4.

3. Background. Per reference (a), the DD 2766, Adult Preventive and Chronic Care Flowsheet, provides immediate visibility of current health status and future screening requirements. This instruction consolidates current screening/examination requirements as described in references (b) through (o) including counseling supporting prevention and behavior risk reduction for AD personnel.

4. Procedures. Annually, all AD service members will receive assessment of their health status and individualized counseling as delineated below. Preventive Health Assessment (PHA) is best

considered a process, and may be accomplished in a single visit (one-stop shopping) or may be spread over several encounters depending upon medical capabilities, patient access, and operations tempo. It is suggested commands complete this assessment during the individual's birth month. Commands may elect to follow another mechanism of ensuring annual assessment. This assessment does not replace or modify the full periodic physical examination or any specialty examination required by reference (c).

5. Documentation. Documentation of provided service topics (clinical or educational) will be placed on the DD 2766. Completion and ongoing maintenance of the DD 2766 is the responsibility of the entire health care team. Screening services will be documented under section 7(1) of the DD 2766. As the DD 2766 is implemented, documentation requirements for other forms (e.g., NAVMED 6150/20, SF601 and others) will no longer be required since this documentation is incorporated in the DD 2766. Dual documentation wastes resources and increases risk of error.

6. Preventive Health Assessment Requirements. All AD members shall receive annual assessment with services based primarily upon the US Preventive Service Task Force (USPSTF) recommendations (reference (d), available at http://www.ahrq.gov). Updates to the USPSTF recommendations are available at the Agency for Health Care Research and Quality Web site at http://www.ahrq.gov. The PHA is a combined effort of the entire health care team. It is not the sole responsibility of the credentialed provider (reference (e)) or the independent duty corpsman. The information needed to complete this assessment can be obtained from a variety of sources, including: a health risk assessment tool, medical and personal history review, physical examinations, computerized medical databases and service member interviews. These services include, but are not limited to the following:

a. Blood pressure measurement.

b. Height and weight measurement.

c. Colorectal cancer screening. Annual fecal occult blood testing shall begin at age 50 for all members without known risk factors. Members at high risk for colon cancer (personal history of ulcerative colitis, adenomatous polyps, endometrial, ovarian, or breast cancer, a first degree relative with colorectal cancer, or a family history of hereditary polyposis or hereditary nonpolyposis colorectal cancer) shall begin screening at age 40.

d. Lipid screening. All men aged 35 and older and all women aged 45 and older should be screened routinely for lipid disorders. Younger adults, men aged 20-35 and women aged 20-45, should be screened if they have other risk factors for heart disease. These risk factors include tobacco use, diabetes, a family history of heart disease or high cholesterol, or high blood pressure. Measure total cholesterol and high density lipoprotein cholesterol from appropriate blood draws.

e. Cardiovascular risk factors screening such as gender, family history, elevated blood pressure, abnormal lipid profile, heart disease, smoking, diabetes, sedentary life style, and weight shall be reviewed with interventions provided as necessary. This cardiovascular risk factor assessment provides the mechanism for 12 month clearance to participate in Service-directed semiannual physical fitness testing, unless the individual's health status changes in the interim. If additional evaluation is necessary for PFA/PFT clearance (per Service guidance), member shall be referred to the supporting medical department (reference (f)). Document disposition of medical evaluation on DD 2766. Medical evaluation of cardiovascular risk factor screening is required only annually, unless the member's medical status changes in the interim.

f. Medical readiness for deployment shall be assessed within the parameters of health and medical mobilization readiness. Any required referrals or consultations should be obtained through appropriate channels (reference (g)) and tracked to conclusion. Medical history and administrative issues (e.g., Exceptional Family Member Program updating and pregnancy requirements) are included in this evaluation.

g. Immunization status must be reviewed to ensure all required immunizations have been administered and are current, per references (h) through (k). Overdue immunizations must be administered and the member should be advised about when forthcoming immunizations are due.

h. Occupational risk and surveillance must be evaluated and reviewed for appropriate monitoring following references (l) through (n). Reference (n) is available at http://www-nehc.med.navy.mil/OD/Documents/matrix98.pdf. Ensure pertinent screening is documented within the medical record and updated on the DD 2766.

i. Female-specific health screening requirements include, but are not limited to the following:

(1) Pelvic examination

(a) Screening for cervical cancer. Women who are at high risk for cervical cancer (multiple sexual partners, early age of sexual activity, history of human papilloma virus exposure, history of sexually transmitted diseases (STD) or history of abnormal pap smears) require annual screening. Women without risk factors require less frequent screening, and should be provided with clear guidance by their primary care manager.

(b) Chlamydia Screening. Screen all sexually active women ages 25 and younger, as well as older women at risk for chlamydia, as part of regular health care visits.

(2) Clinical breast examination. Women should be instructed in self breast examination techniques and their periodicity during the annual screening visit.

(3) Mammography. Per reference (o), a screening mammogram in conjunction with a clinical breast examination is recommended for all women every 1 to 2 years between the ages of 40 and 49, and yearly at age 50 and older. For high-risk women (personal history of breast cancer or family history of breast cancer in a first-degree relative) baseline mammography should begin at age 35 (or sooner if clinically indicated) with annual followup.

j. Male-specific health screening requirements include, but are not limited to, testicular cancer screening. Testicular self-exam (TSE) is taught or reviewed during the PHA. Such teaching may be provided in a group setting or through individual instruction. Men, ages 17-39, who are at high risk for testicular cancer (personal history of cryptorchidism or atrophic testes) should be informed of their increased risk of testicular cancer and counseled about the options for screening. Screening options include a one-on-one clinical testicular exam from a health care provider or the member may elect to continue performing TSE. Document choice of screening option on DD 2766.

7. Counseling Requirements. Counseling is a joint effort between medical and health promotion personnel. Documentation of counseling (date, age, and topic abbreviation code) is placed and initialed in the appropriate block of Section 5, DD 2766.

a. Health promotion and clinical preventive services counseling (as recommended by the USPSTF) shall be part of the PHA. Counseling may include information on diet and exercise, dental health, tobacco and substance abuse, solar injury protection (skin cancer prevention), heat-illness prevention, physical and/or sexual abuse, injury prevention, and suicide and violence prevention. Counseling should be targeted to individual risk factors and behaviors.

b. Family planning, contraceptive counseling, and STD prevention counseling will be offered when appropriate during the PHA.

c. Medication and supplement use. Assessment and review must be conducted and documented on the DD 2766 to include prescribed and over-the-counter medications, nutritional supplements, ergogenic aids, and herbal agents. Important topics to discuss include safety issues, drug interactions (drug-drug, drug-herb, etc.), and impact on overall health.

8. Exceptions to Requirements. When a health care provider determines a portion of the PHA is not required, he or she shall discuss with the service member and document the basis for this determination on the DD 2766. Inherent in this documentation is the projected timeframe for the next screening, evaluation, or examination.

9. Areas of Responsibility

a. Active duty members are responsible for making and keeping appointments for the PHA.

b. Unit commanding officers are responsible for ensuring all service members complete the PHA.

c. Medical commands, medical departments, and aid stations are responsible for providing commanding officers status updates of their personnel. Such updates may provide overall population health metrics or details on the readiness status of individual members. Fixed medical treatment facilities will support, as necessary, the provision of the PHA of supported operational forces.

10. Timeline. Full implementation of the requirements of this instruction shall be accomplished within 1 year of the date of this instruction.

11. Forms. The DD 2766, Adult Preventive and Chronic Care Flowsheet, is available through the Navy supply system using S/N 0102-LF-984-8400. DD 2766C, Continuation Sheet for the Adult Preventive and Chronic Care Flowsheet is available using S/N 0102-LF-984-9600.

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